



**ENROLLMENT
FORM**

Questions. Call 615.741.3590 or 1.800.253.9981 and ask for Babies First.

Return for \$50 credit to your deductible or \$50 refund check and for your copies of *What to Expect When You're Expecting* and *What to Expect the First Year*.

Please print and attach a copy of your insurance card.

Date

MOM TO BE

Name SSN

Address Work Phone (.....)

City, State, Zip Home Phone (.....)

INSURED (if different from mom to be)

Name SSN

Address Work Phone (.....)

City, State, Zip Home Phone (.....)

OTHER INFORMATION

In which plan of the State Group Insurance Program is the mom to be enrolled?

☐ State ☐ Local Education (K-12) ☐ Local Government

In what week of pregnancy is the mom to be? (Must be in the first trimester—under 17 weeks—to receive this benefit.) Week number

☐ Please send both books ☐ I already have the books, do not send.

PHYSICIAN (to be completed by doctor)

Name Phone (.....)

Address

City State Zip

Date of First Prenatal Visit Week of Pregnancy

Physician Signature

FA-0856 (Rev. 12/02)

www.state.tn.us/finance/ins/

BABIES FIRST SURVEY

1. How did you learn about the program? (Check one)

- ☐ Your Health Network
☐ Babies First Brochure
☐ Babies First Poster
☐ Insurance Preparer
☐ Other (please specify)

2. Why did you decide to participate?

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3. Comments or suggestions:

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